

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	bm		04-25-01
FORMALITY REVIEW	EX	706	5-14-01 613-01
RESPONSE FORMALITY REVIEW	in	944	10/03/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	8/24/01
2	3/18/01
3	3/19/01
4	3/19/01
5	3/19/01
6	3/19/01
7	3/19/01
8	3/19/01
9	3/19/01
10	3/19/01
11	3/19/01
12	3/19/01
13	3/19/01
14	3/19/01
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16	3/19/01
17	3/19/01
18	3/19/01
19	3/19/01
20	3/19/01
21	3/19/01
22	3/19/01
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24	3/19/01
25	✓ 3/19/01
26	✓ 3/19/01
27	✓ 3/19/01
28	✓ 3/19/01
29	✓ 3/19/01
30	✓ 3/19/01
31	✓ 3/19/01
32	✓ 3/19/01
33	✓ 3/19/01
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35	✓ 3/19/01
36	✓ 3/19/01
37	✓ 3/19/01
38	✓ 3/19/01
39	✓ 3/19/01
40	✓ 3/19/01
41	✓ 3/19/01
42	✓ 3/19/01
43	✓ 3/19/01
44	✓ 3/19/01
45	✓ 3/19/01
46	✓ 3/19/01
47	✓ 3/19/01
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Claim	Date
Final	Original
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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H.S.  
6-15-01  
885  
10/03/01